



**2550 Sewell Mill Road
 Marietta, GA 30062 - Phone (770) 971-3746, Fax (770)971-0626
 2018 - 2019 REGISTRATION FORM
 www.sewellmillchristianschool.org**

CHILD'S NAME _____ NAME CHILD IS CALLED _____
 ADDRESS _____ ZIP _____
 E-MAIL _____ CARPOOLING WITH? _____ AGE AS OF SEPT. 1ST _____
 CHILD'S DATE OF BIRTH _____ MALE OR FEMALE _____ HOME PHONE _____

UP-TO-DATE IMMUNIZATION RECORDS MUST BE IN OUR SCHOOL FILES BEFORE THE CHILD ENTERS SCHOOL.

I WOULD LIKE TO ENROLL MY CHILD IN THE FOLLOWING CLASS:

____ 1 YR/2 DAY (M, W)	9:00 - 1:00	REG. FEE \$95	TUITION MONTHLY \$195
____ 1 YR/2 DAY (T,TH) (One year olds must be walking)	9:00 - 1:00	REG. FEE \$95	TUITION MONTHLY \$195
____ 2 YR/2 DAY (T,TH)-ABEKA	9:00 - 1:00	REG. FEE \$95	TUITION MONTHLY \$195
____ 2 YR/3 DAY (M,W,F)-ABEKA	9:00 - 1:00	REG. FEE \$115	TUITION MONTHLY \$230
____ 3YR/3 DAY (M,W,TH)-ABEKA	9:00 - 1:00	REG. FEE \$150	TUITION MONTHLY \$230
____ 3 YR/5 DAY (M-F) - ABEKA (All three year olds must be potty trained.)	9:00 - 1:00	REG. FEE \$175	TUITION MONTHLY \$285
____ 4 YR/4 DAY PRE-K (M, T,W,TH) ABEKA	9:00 - 1:00	REG. FEE \$155	TUITION MONTHLY \$250
____ 4 YR/5 DAY PRE-K (M-F) - ABEKA	9:00 - 1:00	REG. FEE \$180	TUITION MONTHLY \$285

NOTES: REGISTRATION FEES ARE NON-REFUNDABLE. Tuition is due on the 1st of each month and is late after the 10th of the month. Annual tuition is divided over **10** equal payments with the first payment due August 1st. A \$20 late charge will be added to the tuition after the 10th. A monthly \$20.00 discount is given to parents with more than one child attending. We try to provide for a normal range of learning differences but are unable to offer special instruction for significant learning needs of students. We reserve the right to dismiss a child that does not adjust to our classroom program. A thirty-day written notice is required if you withdraw your child from school. Tuition will be charged for one month beginning on the date of receipt of the written notice. Having read this form, I hereby agree to the policy and procedures described above.

 (Parent's Signature) Date _____

Registration Paid: _____
 (Amount) (Ck. #) (Cash) (By)

MAKE CHECK PAYABLE TO SEWELL MILL BAPTIST CHURCH

SEWELL MILL CHRISTIAN SCHOOL INFORMATION FORM

MOTHER

NAME _____ CELL PHONE # _____

EMPLOYER _____

EMPLOYER ADDRESS _____

_____ BUSINESS PHONE _____

FATHER

NAME _____ CELL PHONE # _____

EMPLOYER _____

EMPLOYER ADDRESS _____

_____ BUSINESS PHONE _____

PARENTS ARE : MARRIED ___ SEPARATED ___ DIVORCED ___ WIDOWED ___

CHILD'S LIVING ARRANGEMENTS () BOTH PARENTS () MOTHER () FATHER

BROTHERS AND SISTERS:

NAME

DATE OF BIRTH

PRIMARY LANGUAGE SPOKEN AT HOME _____

PLEASE LIST ANY OTHER MEMBERS OF YOUR PRESENT HOUSEHOLD (OTHER RELATIVES, RENTERS, MAID, ETC.) _____

DO YOU ATTEND CHURCH? _____
WHERE _____

IS YOUR CHILD ALLERGIC TO ANYTHING? _____ IF SO, HOW DOES IT AFFECT HIM/HER _____

WHAT SERIOUS ILLNESSES OR INJURIES, IF ANY, HAS YOUR CHILD HAD?
PLEASE GIVE DATES. _____

DOES YOUR CHILD HAVE:

ANY PARTICULAR FEARS? _____

BEHAVIORS SUCH AS NAIL BITING, TANTRUMS, ETC _____

WHICH HAND DOES YOUR CHILD PREFER WHEN CUTTING OR COLORING? _____

FAVORITE PLAY ACTIVITIES (TOYS, GAMES, OUTSIDE PLAY, ETC.) _____

WHAT ARE THE AGES AND SEXES OF YOUR CHILD'S USUAL PLAYMATES? _____

ANY PETS AT HOME? (PLEASE INCLUDE NAMES) _____

HAS YOUR CHILD HAD ANY PRESCHOOL EXPERIENCE? _____ IF SO, WHERE?

IS THERE ANYTHING ELSE ABOUT YOUR CHILD WE SHOULD KNOW? _____

WHAT DO YOU EXPECT FOR YOUR CHILD FROM HIS PRESCHOOL EXPERIENCE?

SEWELL MILL CHRISTIAN SCHOOL INFORMATION FORM

IN CASE OF EMERGENCY IF PARENT CAN NOT BE REACHED PLEASE CONTACT:

NAME

PHONE NUMBER

RELATIONSHIP TO CHILD

1. _____

2. _____

MY CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR THE FOLLOWING:

NAME _____

PHONE NUMBER _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____

RELATIONSHIP TO PARENTS(S) OR GUARDIAN _____

OTHER IDENTIFYING INFORMATION (IF ANY) _____

MY CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR THE FOLLOWING:

NAME _____

PHONE NUMBER _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____

RELATIONSHIP TO PARENTS(S) OR GUARDIAN _____

OTHER IDENTIFYING INFORMATION (IF ANY) _____

MY CHILD MAY NOT BE RELEASED TO THE FOLLOWING PERSON(S) _____